

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No.

17040

4008

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louisc. LENGTH OF
STAY (in this place)
24 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

c. CITY
OR
TOWN St. Louisd. Is Residence within limits of a city or incorporated town?
Yes ☒ No ☐d. FULL NAME OF HOSPITAL OR INSTITUTION
GOOD SAMARITAN HOME
4500 Washington Blvd.STREET ADDRESS (If rural, give location)
4500 Washington Blvd. 21283. NAME OF DECEASED
(Type or Print)

a. (First)

Elizabeth

b. (Middle)

c. (Last)
Stolz

4. DATE OF DEATH

(Month)

(Day)

(Year)

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Never Married

8. DATE OF BIRTH

Sept. 21, 1859

9. AGE (In years last birthday)

95

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None10b. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE

(City and State or Foreign Country)

Lachen, Germany

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME

Jacobs Stolz

13b. MOTHER'S MAIDEN NAME

Anna Stolz

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no, or unknown. If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME

ADDRESS

Alfred Schindler - 5005 Jamieson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

At any conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

arteriosclerotic Heart Disease.

Fracture of right hip

3/1/55

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

No operation. Casts applied.

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

21c. (CITY, TOWN, OR TOWNSHIP)

000 (COUNTY)

(STATE)

4200 F

21d. TIME OF INJURY

(Month) (Day) (Year) (Hour)
3 1 55 3:3421e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

Fell in hall at home.

22. I hereby certify that I attended the deceased from 3/1, 1955, to 5/4, 1955, that I last saw the deceased alive on 5/2, 1955, and that death occurred at 12 m., from the causes and on the date stated above.

23a. SIGNATURE

J. H. Bergman

(Degree or title)

M.D.C.

23b. ADDRESS

3720 Washington

23c. DATE SIGNED

5/5/55

24a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24b. DATE

May 6, 1955

24c. NAME OF CEMETERY OR CREMATORY

Missouri Crematory

24d. LOCATION (City, town, or county)

St. Louis,

(State)

Missouri

DATE REC'D BY LOCAL REG.

MAY 5 1955

REGISTRAR'S SIGNATURE

J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Wacker - Helberle - 3634 Gravois Ave.

ADDRESS

S. P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 26

P. O. Address N. L. Row

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.